CARECERTIFY

Designated Coordinator & Designated Manager Certification Program

PARTICIPANT GUIDE

Module 1 — The Leadership Backbone of 245D: Roles, Duties & Qualifications

Built on Minnesota Statutes §245D.081 • Keep this guide — it is designed as a working reference for your desk.

carecertify.net • Certificate verification: carecertify.net/verify

Cover image: confident program manager reviewing a service plan binder with a caregiver in a home setting

How to Use This Guide

This participant guide is not a transcript of the video lessons — it is the reference manual we want sitting on your desk (or in your binder) long after you finish the course. Each module of the DC/DM Certification Program has a guide like this one. Together they form a complete 245D leadership handbook.

Inside each module guide you will find:

Deep-dive explanations that go further than the slides, including the exact statutory language you will be held to;

"In Practice" boxes translating each requirement into what it looks like on a normal Tuesday;

"Field Notes" boxes flagging how each requirement shows up in real correction orders;

Worksheets and checklists you can photocopy and use in your agency immediately; and

A printable quick-reference card at the end of each module.

A NOTE ON CITATIONS: Statutes change. Every citation in this guide was verified against the current Minnesota Statutes at the time of publication, but the Office of the Revisor of Statutes (revisor.mn.gov) is always the final word. When this guide and the current statute disagree, the statute wins — and please tell us at carecertify.net so we can update the course.

Module 1 Learning Objectives

By the end of this module, you will be able to:

1. Explain the two functions the license holder must staff under Minn. Stat. §245D.081, Subd. 1, and why accountability cannot be delegated.
2. Describe all four statutory duties of the Designated Coordinator and give a concrete workplace example of each.
3. Describe all seven statutory duties of the Designated Manager and identify the evidence a licensor would ask for on each.
4. Apply the four DC qualification pathways and the DM qualification requirements to real hiring and promotion decisions.
5. Audit a DC/DM personnel file against a licensing-review standard using the checklist in this guide.

Section 1 — The Accountability Structure

Every 245D program stands on a simple architecture set out in Minn. Stat. §245D.081, Subd. 1. The license holder is responsible for two distinct functions:

1. **Coordination of service delivery and evaluation for each person served** — assigned to a Designated Coordinator (Subd. 2); and

2. **Program management and oversight,** including evaluation of program quality and program improvement — assigned to a Designated Manager (Subd. 3).

The same person may perform both functions if — and only if — the work and education qualifications are met for both subdivisions (Subd. 1(b)).

LICENSE HOLDER
Legally responsible for everything, always — delegation never transfers accountability

DESIGNATED MANAGER (DM)
Program management & oversight of the whole license — Subd. 3

DESIGNATED COORDINATOR (DC)
Coordination & evaluation of each person's services — Subd. 2

DIRECT SUPPORT STAFF (DSPs)
Deliver services according to each person's support plan & support plan addendum

THE ONE-SENTENCE RULE: Delegation is not abdication. The license holder can assign the work; the license holder can never assign the responsibility. Correction orders are written to the license holder — no matter whose desk the failure sat on.

TERMINOLOGY UPDATE: In 2022 the legislature replaced “coordinated service and support plan (CSSP)” with “support plan,” and “CSSP addendum” with “support plan addendum.” Licensors use the new terms. Your policies, forms, and progress reviews should too — outdated terminology in agency documents is a soft signal to a reviewer that the rest of your compliance may be dated as well.

Section 2 — The Designated Coordinator

Subd. 2(a) requires that delivery and evaluation of services be coordinated by a designated staff person: the DC. Think of the DC as the person-level quality engine of the agency — closest to the person, closest to the staff, and closest to the evidence. The statute assigns four duties. Master them; the module exam and the capstone assume you have.

A coordinator observing a caregiver assisting a person with a disability during a cooking activity at home

DC Duty 1 — Oversight of the license holder's assigned responsibilities

The DC owns every responsibility assigned to the agency in each person's support plan and support plan addendum. Oversight means being able to answer, for every person on your caseload: What has my agency committed to? Who performs it? Where is it documented?

IN PRACTICE: Build a one-page responsibility grid per person: each plan responsibility in the left column, the staff who perform it in the middle, and the documentation location on the right. Review it at every plan change. When a licensor pulls a chart, you can reproduce the agency's commitments from memory — and prove each one.

DC Duty 2 — Taking action to accomplish outcomes (§245D.07)

Outcomes in a support plan are commitments, not decorations. When the data shows progress has stalled, the DC is required to act: adjust the methodology, retrain staff, or reconvene the support team. Passive monitoring is not coordination.

FIELD NOTES: A recurring correction-order pattern: months of daily documentation showing zero progress on an outcome, with no evidence anyone noticed or responded. The documentation itself becomes the proof of the violation. If your progress data would embarrass your progress reports, duty 2 is not being performed.

DC Duty 3 — Instruction, assistance & direct observation of staff

DSPs implementing the support plan get their direction from the DC: how this person communicates, what the outcomes mean in daily life, and what must be documented. The duty then goes further — it includes direct observation of service delivery sufficient to assess staff competency. A signed training roster is not observation. An office conversation is not observation. You must personally watch each staff person deliver services often enough, and long enough, to make a defensible competency judgment.

The delegation rule: the DC may delegate direct observation and competency assessment — but only to an individual the DC has previously deemed competent in those same activities, and that prior determination should be documented before any delegation occurs. Handing observation duties to an unvetted lead staff is one of the quiet compliance traps in this chapter.

IN PRACTICE: Keep a simple observation log: date, staff observed, person served, what was observed, competency conclusion, and any coaching provided. Ten minutes of writing per observation builds the exact evidence trail licensors ask for — and genuinely improves your staff.

DC Duty 4 — Evaluating effectiveness with measurable, observable criteria

The DC evaluates three distinct things: (1) the effectiveness of service delivery — are services happening as the plan describes, by competent staff, at the required frequency; (2) the effectiveness of the methodologies — is the chosen approach producing change; and (3) progress on the person's outcomes, judged against the measurable and observable criteria written under §245D.07.

THE EVIDENTIARY STANDARD: “He seems happier” is not a criterion. “Prepared a meal independently 3 of 4 weeks this month” is. If a progress review cannot point to observable evidence, it will not survive a licensing review — and it is not telling you the truth about the person's life.

DC Qualifications — The Four Pathways (Subd. 2(b))

Education and direct-care experience trade off against each other. “Direct-care experience” means full-time work experience providing direct care services to persons with disabilities or persons age 65 and older.

PATH	EDUCATION	+ FULL-TIME DIRECT-CARE EXPERIENCE
A	Baccalaureate degree in a field related to human services, education, or health	**1 year**
B	Associate degree in a field related to human services, education, or health	**2 years**
C	Diploma in a field related to human services, education, or health from an accredited postsecondary institution	**3 years**
D	Minimum of 50 hours of education and training related to human services and disabilities	**4 years — under supervision of a staff person meeting Pathway A, B, or C**

Meeting a pathway is necessary but not sufficient. Subd. 2(b) also requires the license holder to ensure the DC is competent through education, training, and work experience relevant to (1) the primary disability of the persons served by the license holder and (2) the individual persons for whom the DC is responsible — plus the skills and ability necessary to develop effective plans and to design and use data systems to measure effectiveness of services and supports (2024 amendment). For Pathways A–C, equivalent work experience providing care or education to vulnerable adults or children can substitute for the direct-care years. All of it must be verified and documented under §245D.09, Subd. 3.

COMMON TRAP: A coordinator with ten years of excellent dementia-care experience may still be unqualified — in the statute's eyes — to coordinate services for young adults with autism, until targeted training closes the gap. The pathway is generic; competency is specific to the people you actually serve.

Section 3 — The Designated Manager

Subd. 3(a) requires the license holder to designate a managerial staff person (or persons) to provide program management and oversight. If the DC is the person-level quality engine, the DM is the program-level compliance engine: the DC thinks person-by-person; the DM thinks system-by-system. The statute assigns seven duties — and every one of them is auditable. The table below pairs each duty with the evidence a licensor would ask to see.

A program director in an office reviewing a wall calendar of audits and a compliance dashboard on a laptop

#	STATUTORY DUTY	EVIDENCE A LICENSOR WOULD ASK FOR
1	Maintain a current understanding of licensing requirements sufficient to ensure compliance throughout the program (§245A.04; Medicaid provider requirements when applicable)	DHS licensing-update subscriptions; legislative-change log; policy revision history with dates
2	Ensure the DC's duties are fulfilled (Subd. 2)	Documented DC supervision/audit schedule; spot-check records of observations and progress reviews
3	Ensure corrective action after review of incident & emergency reports (§245D.11, Subd. 2(7)); internal maltreatment reviews per §245A.65, Subd. 1(b)	Closed-loop incident files: incident → review → corrective action → implementation, each dated
4	Evaluate satisfaction of persons served, legal representatives, AND case managers; ensure and protect each person's rights (§245D.04)	Satisfaction surveys/interviews covering all three audiences; rights-review documentation
5	Ensure staff competency (§245D.09, Subd. 3) and orientation & annual training (§245D.09, Subds. 4, 4a, 5)	Training calendar, completion records, competency verifications — current for every staff person
6	Ensure corrective action when ordered by the commissioner; ensure license terms, conditions & variances are met	Correction-order response files with proof of completion by required dates
7	Evaluate items 1–6 to develop, document, and implement ongoing program improvements	A living quality-improvement plan with dated entries: what was found, what changed, when

FIELD NOTES: Duty 7 is the most-missed duty in the list. Improvement that lives in the DM's head satisfies none of the statute's three verbs — develop, document, implement. Strong DMs keep a written quality plan with dated entries; in the capstone module you will build one.

DM Qualifications (Subd. 3(b))

Two stacked requirements: (1) the DM must minimally meet the DC education and training requirements in Subd. 2(b) — one of the four pathways — and (2) the DM must have a minimum of three years of supervisory-level experience in a program providing care or education to vulnerable adults or children. The DM must also be competent to perform the duties as required — verified and documented, never assumed.

WATCH THE WORDING: "Supervisory-level" means actually supervising staff. Time as a senior DSP or lead worker without genuine supervisory authority generally does not qualify. Document titles, employment dates, and a description of supervisory duties so the file speaks for itself. Note: the supervisory-experience language was amended by the legislature — older summaries found online may describe it differently. Verify against the current statute.

One Person, Both Hats (Subd. 1(b))

Legal? Yes — common and often the only practical arrangement in small agencies. Two caveats catch people. First, the person must qualify for each role independently: a qualified DC without three years of supervisory experience cannot absorb the DM title. Second, holding both titles does not shrink either duty list — all four DC duties and all seven DM duties must still happen. The classic dual-role failure: urgent coordinator work fills the week, and the manager oversight work (auditing, satisfaction evaluation, program improvement) quietly stops. If you hold both roles, block standing calendar time for the DM work as if it were a separate employee. In a sense, it is.

Section 4 — Personnel File Audit Checklist

The rule of evidence in every licensing review: if it is not documented, it did not happen. Photocopy this page and run it against the personnel file of every current DC and DM — including your own. Every gap you find this week is a finding you prevented.

File audited for: _____ Role: ☐ DC ☐ DM ☐ Both Date: _____

- ☐ Resume or application showing education and direct-care experience, with dates a reviewer can add up
- ☐ Transcripts, diploma, or training records proving the claimed education pathway (Pathway D: 50+ documented hours)
- ☐ Written verification of direct-care experience (reference checks / employment verification — not self-attestation alone)
- ☐ For the DM: supervisory experience documentation — titles, dates, and description of supervisory duties (3+ years)
- ☐ Competency verification specific to the primary disability of the persons served (§245D.09, Subd. 3)
- ☐ Competency relevant to the individual persons on the DC's caseload
- ☐ Signed position description matching the statutory duty list (Subd. 2 or Subd. 3)
- ☐ DHS DC/DM Verification Form (or equivalent internal form) — completed, dated, and current
- ☐ For dual-role staff: file proves BOTH sets of qualifications independently
- ☐ Annual refresh date calendared

Gaps found & fix-by dates:

Section 5 — Scenario Worksheets

Worksheet 1: The Promotion Problem

Jordan has been your best DSP for four years, always supervised by your DC (who holds a bachelor's degree in social work). Jordan has a high school diploma and 62 hours of documented disability-related training. Your DC resigns Friday. The owner says: “Promote Jordan to DC effective Monday — they know every client better than anyone.”

1. Which qualification pathway, if any, could Jordan satisfy? Show the math.

2. What must be verified and documented before Monday — and what is at risk if the outgoing DC leaves first?

3. The owner's argument is “Jordan knows every client better than anyone.” Why is that not a qualification — and what is it evidence of?

Worksheet 2: The Paper DM

An agency lists its out-of-state owner as DM. The owner visits twice a year and “reviews things by phone.” The on-site DC is excellent: incidents are reviewed, staff are trained, families are happy. During a licensing review, the licensor asks the owner how they evaluate case manager satisfaction and asks to see the program improvement documentation. Silence.

1. List each of the seven DM duties currently being performed by no one.

2. Why can't the DC's excellence cover for the DM's absence?

3. Design the minimum system that would make a remote DM defensible — or explain why it can't be done for this agency.

Quick-Reference Card — Post This One

Print this page and keep it where you work. It is the whole module on one sheet.

DESIGNATED COORDINATOR — Subd. 2	DESIGNATED MANAGER — Subd. 3
• Oversee agency responsibilities in each support plan & addendum • Take action to accomplish outcomes (§245D.07) • Instruct, assist & directly observe DSPs — enough to assess competency (delegate observation only to someone previously deemed competent) • Evaluate delivery, methodologies & outcome progress — measurable, observable criteria	• Maintain current understanding of licensing requirements • Ensure DC duties are fulfilled • Ensure corrective action after incident/emergency reviews (maltreatment reviews per §245A.65) • Evaluate satisfaction: persons served, legal reps & case managers; protect rights (§245D.04) • Ensure staff competency, orientation & annual training (§245D.09) • Ensure commissioner-ordered corrective action; meet license terms & variances • Develop, document & implement program improvements
• QUALIFY: Bachelor's+1yr / Associate+2yrs / Diploma+3yrs (fields: human services, education, or health; equivalent vulnerable-adult/child care or education experience counts) / 50 training hrs+4yrs supervised — direct-care experience with persons with disabilities or 65+ • PLUS competency specific to the primary disability & individual persons served — verified & documented (§245D.09, Subd. 3)	• QUALIFY: DC education/training pathway PLUS 3+ years supervisory-level experience in a program providing care or education to vulnerable adults or children • Dual role allowed only if qualified for BOTH — and both duty lists actually happen

REMEMBER: Delegation is not abdication. Work that is not documented is work that did not happen. Read every file the way a licensor would.

Annual Legislative Update

Content in this module was verified against the current published Minnesota Statutes and Rules at revisor.mn.gov as of July 2, 2026, including the 2024 and 2026 session-law amendments. Annual legislative-update revisions are included with your enrollment — check carecertify.net for the current edition.

Watch list (next review cycle)

PROVISION	WHAT TO WATCH
§245D.03, Subd. 1	Pending amendment effective Jan. 1, 2026, or upon federal approval, whichever is later (service definitions / service rosters). Confirm which version is in force before relying on the service list.
§245D.10, Subds. 3 & 3a	2026 session amendments to temporary service suspension and service termination notice requirements. Re-check notice contents and timelines.
§245D.04	New Subd. 4 — service-related rights of minors — effective July 1, 2026. Update rights notices and orientation materials for programs serving children.
§245D.09, Subd. 5	2026 restructuring of annual training; allows the license holder to delay annual training up to 90 calendar days past the due date. Effective Aug. 1, 2026.
§245A.06	Reconsideration moves to the provider licensing and reporting hub, with new mediation provisions. Effective Jan. 1, 2027.
§245C.13, Subd. 2	2026 amendments to background-study completion and supervision-pending-clearance rules. Re-verify your pre-clearance supervision practice.

HOW TO USE THIS PAGE: None of these items changes what you learned in this module today unless noted in the module itself — but each is scheduled to change or was recently amended. Before you build agency policy on one of these provisions, read the current text at revisor.mn.gov.

Appendix — 245D Program Glossary

This glossary is shared across all 12 modules of the DC/DM Certification Program. Plain-English definitions are ours; statutory definitions are compressed from the current published Minnesota Statutes (verified July 2, 2026) — the full text at revisor.mn.gov always controls.

TERM	PLAIN ENGLISH	STATUTORY DEFINITION & CITE
Annual training	The refresher training every direct support staff person must complete each year on the core topics.	License holders must provide annual training to direct support staff on the core topics in Subd. 4, clauses (3)–(11) — defined by required subjects tied to demonstrated competency, not merely seat hours. (2026 amendment, eff. 8/1/2026, permits up to a 90-day delay.) **§245D.09, Subd. 5**
Background study	The DHS records check every person must clear before working with people served.	The commissioner's review of criminal, maltreatment, and related records required for any individual who will have direct contact with persons served by a licensed program; disqualification standards and set-aside/variance procedures are in chapter 245C. **Minn. Stat. ch. 245C**
Basic support services	245D services that keep a person safe and supported day to day, without specialized intervention.	Services that provide the level of assistance, supervision, and care necessary to ensure the health and safety of the person, and that do not include services of a specialized nature (e.g., respite, homemaker, individualized home supports without training, night supervision). **§245D.03, Subd. 1(b)**
Case manager	The county or tribal worker who authorizes waiver services and leads the person's overall support plan.	The individual designated to provide waiver case management services, care coordination, or long-term care consultation, as specified in chapter 256S and §§256B.0913, 256B.092, and 256B.49. **§245D.02, Subd. 3**
Chemical restraint	Using a drug to control behavior or movement rather than to treat a condition.	The administration of a drug or medication to control the person's behavior or restrict the person's freedom of movement that is not a standard treatment or dosage for the person's medical or psychological condition. **§245D.02, Subd. 3b**
Common entry point (MAARC)	The single statewide place to report suspected maltreatment of a vulnerable adult — the Minnesota Adult Abuse Reporting Center.	The entity designated to receive reports of suspected maltreatment of vulnerable adults; Minnesota's common entry point is the Minnesota Adult Abuse Reporting Center (MAARC), available 24/7 statewide (844-880-1574). **§626.557, Subd. 9**
Competency evaluation	Proof — not just attendance — that a staff person can actually do what they were trained to do.	The license holder must verify and document staff competency in the topics of orientation and training — through observation, testing, or demonstration — before staff perform the duty unsupervised. **§245D.09, Subd. 3**
Conditional license	A license allowed to keep operating only under commissioner-imposed conditions after uncorrected or repeat violations.	An order the commissioner may issue when a license holder fails to correct cited violations or commits repeat violations, making the license conditional on compliance with stated conditions for a stated period. (2026 amendments route reconsideration through the provider licensing and reporting hub, with mediation changes eff. 1/1/2027.) **§245A.06**
Correction order	DHS's written finding of a licensing violation, with a citation and a deadline to fix it.	An order issued when the commissioner finds the applicant or license holder failed to comply with an applicable law or rule and the violation does not imminently endanger health, safety, or rights; it must cite the law violated and state the time allowed for correction. **§245A.06, Subd. 1**
Corrective action plan	The documented fix your agency commits to after an internal review or cited violation.	Following an internal review (or a correction order), the license holder must develop, document, and implement the corrective measures identified — changes to policies, procedures, training, or supervision — and be able to show a licensor the follow-through. **§245A.65, Subd. 1a**
Deemed approval	If nobody responds to the mailed addendum within 10 working days, it counts as approved.	If the license holder does not receive a signed approval or objection within 10 working days of sending the revised support plan addendum, the addendum is deemed approved and becomes effective. **§245D.071, Subd. 4**
Department of Human Services (DHS)	The state agency that licenses and oversees 245D providers.	"Department" means the Department of Human Services; "commissioner" means the commissioner of human services or the commissioner's designated representative. **§245D.02, Subds. 4–5**
Deprivation procedure	Taking away something a person is normally entitled to in order to punish or change behavior.	The removal of a positive reinforcer following a response, resulting in (or intended to result in) a decrease in the frequency, duration, or intensity of that response — often goods, services, or activities to which the person is normally entitled. **§245D.02, Subd. 5a**

TERM	PLAIN ENGLISH	STATUTORY DEFINITION & CITE
Designated Coordinator (DC)	The qualified staff person who coordinates and evaluates each person's service delivery.	The designated staff person who must coordinate delivery and evaluation of services: oversight of the license holder's support plan/addendum responsibilities, facilitating outcome accomplishment, instructing and assisting direct support staff (including direct observation to assess competency), and evaluating service effectiveness and progress. **§245D.081, Subd. 2**
Designated Manager (DM)	The qualified staff person accountable for program-level management, oversight, and quality.	The designated staff person responsible for program management and oversight, including evaluation of program quality and program improvement — e.g., maintaining compliance, overseeing designated coordinators, and ensuring staffing, training, and policy implementation. **§245D.081, Subd. 3**
Direct contact	Face-to-face work with the people your program serves.	Providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to persons served by a program; used interchangeably with "direct support service." **§245D.02, Subd. 6; §245C.02, Subd. 11**
Direct support professional / staff	The employees (including temps and subcontractors) who work directly with the people served.	Employees of the license holder who have direct contact with persons served by the program, including temporary staff or subcontractors, regardless of employer, providing program services for hire under the control of the license holder. **§245D.02, Subd. 6a**
Emergency	An event that disrupts normal operations and threatens immediate health and safety.	Any event that affects the ordinary daily operation of the program — fires, severe weather, natural disasters, power failures, or other events threatening the immediate health and safety of a person — requiring a 911 call, evacuation, emergency shelter, or closure/relocation for more than 24 hours. **§245D.02, Subd. 8**
Emergency use of manual restraint (EUMR)	Hands-on restraint used only when someone is at imminent risk of physical harm and nothing less restrictive will work.	Using a manual restraint when a person poses an imminent risk of physical harm to self or others and it is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or refusal to participate do not constitute an emergency. Procedures, reporting, and monitoring are governed by §245D.061. **§245D.02, Subd. 8a; §245D.061**
Expanded support team	The support team plus the licensed or qualified professionals working with the person.	The members of the support team plus a licensed health or mental health professional or other licensed, certified, or qualified professionals or consultants working with the person, included at the request of the person or the person's legal representative. **§245D.02, Subd. 8b**
Incident	An occurrence involving a person served that requires a response beyond ordinary service delivery.	Includes: serious injury; death; medical/mental-health emergencies requiring 911, practitioner treatment, or hospitalization; calls to 911, law enforcement, or fire; unauthorized/unexplained absence; severe person-to-person conduct; forced/coerced sexual activity; any EUMR; or a maltreatment report. **§245D.02, Subd. 11**
Individual abuse prevention plan (IAPP)	The written, person-specific assessment of abuse risk and the measures that will minimize it.	An individualized written assessment of each person's susceptibility to abuse by other individuals (including other persons served) and of the person's risk of abusing others, with statements of the specific measures to be taken to minimize the risk; reviewed and updated with the support plan. **§245A.65, Subd. 2; §626.557, Subd. 14(b)**
Intensive support services	245D services of a specialized nature — intervention, residential, and employment/day supports.	Services of a specialized nature, including intervention services (behavioral support, specialist services, crisis respite), in-home and out-of-home supports with training, residential supports and services, and day/employment services. **§245D.03, Subd. 1(c)**
Internal review	Your agency's own 30-day look at what happened after a maltreatment report.	Following a report of alleged maltreatment, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of vulnerable adults — evaluating whether related policies and procedures were followed and adequate, whether training was adequate, and whether changes are needed. **§245A.65, Subd. 1a**
Legal representative	Someone with legal authority to make service decisions for the person, like a guardian.	The parent of a person under 18, a court-appointed guardian, or other representative with legal authority to make decisions about services — including a health care agent or attorney-in-fact authorized through a health care directive or power of attorney. **§245D.02, Subd. 12**
License holder	The person or organization legally responsible for the licensed program — accountability stops here.	An individual, organization, or government entity that is legally responsible for the operation of the program or service and has been granted a license by the commissioner under chapter 245A. **§245A.02, Subd. 9**

TERM	PLAIN ENGLISH	STATUTORY DEFINITION & CITE
Maltreatment	Abuse, neglect, or financial exploitation of a vulnerable adult.	Abuse as defined in §626.5572, Subd. 2; neglect as defined in Subd. 17; or financial exploitation as defined in Subd. 9. **§626.5572, Subd. 15**
Mandated reporter	A person legally required to report suspected maltreatment — in 245D, that is every staff person.	A professional or professional's delegate engaged in social services, law enforcement, education, the care of vulnerable adults, or work in a licensed facility — which includes all staff of a 245D program. **§626.5572, Subd. 16**
Manual restraint	Physically holding a person to stop or limit their movement.	Physical intervention intended to hold a person immobile or limit a person's voluntary movement by using body contact as the only source of physical restraint. **§245D.02, Subd. 15a**
Mechanical restraint	A device or equipment used to restrict a person's movement because of behavior.	Devices, materials, or equipment attached or adjacent to the body intended to restrict movement or normal access to the body, precipitated by the person's behavior. Excludes non-restricting alarm devices and adaptive aids or orthotics ordered by a health professional for a medical condition. **§245D.02, Subd. 15b**
Medication administration	Staff checking, giving, and documenting a person's medication per prescriber orders.	Performing the set of tasks to ensure a person takes medications as prescribed: checking the medication record, preparing the medication as ordered, administering it to the person, documenting administration or refusal, and reporting concerns to the prescriber or nurse. **§245D.05, Subd. 2**
Medication assistance	Helping a person take medication they self-administer — reminders, opening containers, handing over set-up doses.	With authorization, assisting a person who self-administers: bringing the medication container or set-up medications to the person, opening a container, emptying it into the person's hand, and providing verbal or visual reminders. **§245D.05, Subd. 1(b)**
Medication administration record (MAR)	The chart where every dose given, refused, or missed is documented.	The documentation the license holder must keep of medications administered or assisted — recording each administration, refusal, error, and PRN use — as part of the medication administration requirements and the service recipient record. **§245D.05, Subd. 2; §245D.095**
Medication setup	Filling pill organizers or arranging doses ahead of time for later administration.	The arranging of medications, by an authorized and trained staff person, for later administration or self-administration — e.g., placing doses in a medication organizer according to the prescription order. **§245D.05, Subd. 1(a)**
Orientation	The training a new hire must complete within 60 days — some parts before working alone with people served.	Orientation to program requirements that direct support staff must complete within 60 calendar days of hire, including maltreatment reporting (within 72 hours of first direct contact) and, before unsupervised direct contact, orientation to each person's support plan addendum and individual needs. **§245D.09, Subd. 4**
Outcome	A measurable result the person actually attains — not a staff activity.	The behavior, action, or status attained by the person that can be observed, measured, and determined reliable and valid. **§245D.02, Subd. 21a**
Permitted actions and procedures	Everyday physical contact and techniques staff may use — calming, guiding, briefly redirecting.	Actions allowed on a standing basis using the least restrictive alternative: physical contact or auxiliary devices to calm or comfort with the person's consent, physical guidance to teach a skill or redirect attention, and briefly blocking or physically redirecting a person's limbs or body to prevent imminent injury. **§245D.06, Subd. 7**
Person-centered planning & service delivery	Planning built around the person's own goals, preferences, and choices — not the program's convenience.	Services must be provided in a manner that supports the person's preferences, daily needs, and activities and accomplishment of the person's personal goals and service outcomes, consistent with person-centered planning principles: the person's identified needs, interests, preferences, and desired outcomes drive the plan. **§245D.07, Subd. 1a**
Positive support transition plan (PSTP)	The expanded support team's plan to fade out restricted procedures and prevent harm with positive strategies.	The plan the expanded support team must develop to implement positive support strategies to: (1) eliminate the use of prohibited procedures; (2) avoid the emergency use of manual restraint; and (3) prevent the person from physically harming self or others. Content and (11-month) phase-out standards are in Minn. R. 9544.0070. **§245D.02, Subd. 23b; §245D.06, Subd. 8**
Program abuse prevention plan (PAPP)	The program-wide abuse-risk assessment covering your site, environment, and population served.	A written plan for each program site assessing the physical plant, its environment, and the population served — including factors such as age, gender, mental functioning, and physical/emotional health — with specific measures to minimize the risk of abuse; reviewed annually. **§245A.65, Subd. 2(b)**

TERM	PLAIN ENGLISH	STATUTORY DEFINITION & CITE
Prohibited procedures	The restraint and aversive techniques 245D staff may never use for discipline, convenience, or programming.	The license holder is prohibited from using chemical restraints, mechanical restraints, manual restraints, time out, seclusion, or any other aversive or deprivation procedure, as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience. **§245D.06, Subd. 5**
Psychotropic medication	Any medication prescribed to treat mental illness symptoms or to alter behavior.	Any medication prescribed to treat symptoms of mental illness that affect thought processes, mood, sleep, or behavior (antipsychotics, antidepressants, antianxiety agents, mood stabilizers, anticonvulsants, ADHD medications) — or any other medication prescribed to treat mental illness or to control or alter behavior. **§245D.02, Subd. 27**
Reconsideration	Your formal request asking DHS to review a correction order or conditional license.	A license holder may request reconsideration of a correction order or conditional license by written request within 20 calendar days of receipt, stating why the order is in error; the request does not automatically stay the order. (Provider-hub filing and mediation changes take effect Jan. 1, 2027.) **§245A.06, Subds. 2, 4**
Restricted procedures	The narrow set of allowed-but-fenced techniques: permitted actions, PSTP procedures, and EUMR.	Procedures allowed only in compliance with their governing standards: (1) permitted actions and procedures (Subd. 7); (2) procedures identified in a positive support transition plan (Subd. 8); or (3) emergency use of manual restraint (§245D.061). Subd. 6(b) bright lines apply — no maltreatment, no rights violations, no denial of basic needs or contacts, and no prone restraint. **§245D.06, Subd. 6**
Rights restriction	Any limit on a person's 245D service rights — allowed only with documented, assessed justification.	Any restriction of the service-related rights in §245D.04 must be documented in the support plan addendum with the individual assessed need justifying it, be implemented in the least restrictive manner, include a plan and timeline for review and restoration, and carry the required consents. (New Subd. 4 on minors' rights eff. 7/1/2026.) **§245D.04, Subd. 3(c)**
Sanctions	DHS enforcement actions beyond correction orders: fines, suspension, or revocation.	The commissioner may suspend or revoke a license or impose a fine when a license holder fails to comply substantially with applicable law or rule; sanctions carry appeal rights and timelines set in §245A.07. **§245A.07**
Seclusion	Involuntarily confining or separating a person and preventing their return.	(1) Removing a person involuntarily to a room from which exit is prohibited by a staff person or a mechanism such as a lock or an object holding the door closed; or (2) otherwise involuntarily removing or separating a person from an area, activity, situation, or social contact and blocking or preventing the person's return. **§245D.02, Subd. 29**
Self-management assessment	Your assessment of what the person can manage on their own and where they need support.	For intensive support services, the license holder's assessment of the person's service needs and ability to self-manage key areas of daily life, completed within the §245D.071, Subd. 3 window (no later than 45 days of service / within 60 calendar days of service initiation) and used to develop outcomes and supports. **§245D.071, Subd. 3**
Service initiation	The day services actually start — it starts every planning and assessment clock.	The point at which the license holder begins providing services to the person; service initiation starts the assessment, planning-meeting, and support plan addendum timelines in §§245D.07 and 245D.071. **§245D.07; §245D.071**
Service plan	The written outcomes-and-supports plan that goes into the addendum after the planning meeting.	The written plan documenting the outcomes the person is working toward and the supports the license holder will provide, written into the support plan addendum within 10 working days of the planning meeting, with signatures obtained within the statutory window (deemed approval as backstop). **§245D.071, Subd. 4**
Service recipient record	The complete, current file your program must keep for each person served.	The record the license holder must maintain for each person, including admission and service information, the support plan and addendum, assessments, progress reports, incident reports, and the documentation in §245D.11 — kept complete, current, accurate, and protected, with retention rules applied after service ends. **§245D.095, Subd. 2**
Support plan	The case manager's coordinated service and support plan — the master plan your services hang from.	The coordinated service and support plan developed by the case manager under §§256B.0913, 256B.092, 256B.49, and 256S.10; includes the individual program plan or individual treatment plan under Minn. R. 9520.0510. **§245D.02, Subd. 4b**
Support plan addendum	The license holder's own required documentation for each person — your piece of the plan.	The documentation that chapter 245D requires of the license holder for each person receiving services. **§245D.02, Subd. 4c**

TERM	PLAIN ENGLISH	STATUTORY DEFINITION & CITE
Support team	The person's service planning team — the person, case manager, and the people who plan with them.	The service planning team identified in §256B.49, Subd. 15; the interdisciplinary team identified in Minn. R. 9525.0004, subp. 14; or the case management team defined in Minn. R. 9520.0902, subp. 6. **§245D.02, Subd. 34**
Temporary immediate suspension	DHS's emergency shutdown power when people served are at imminent risk.	The commissioner shall act immediately to temporarily suspend a license when the license holder's actions or failure to comply with applicable law or rule poses an imminent risk of harm to the health, safety, or rights of persons served by the program; an expedited hearing follows. **§245A.07, Subd. 2**
Time out	Involuntarily removing a person to a designated area they are free to leave.	The involuntary removal of a person for a period of time to a designated area from which the person is not prevented from leaving. Does not include voluntary or self-removal for calming, de-escalation, or a brief break to regain self-control. **§245D.02, Subd. 34a**
Unsupervised contact	Being alone with a person served without a cleared staff person nearby — not allowed until the background study clears.	Direct contact with persons served without a background-study-cleared staff person present who can supervise. An individual may not have unsupervised direct contact until a background study clears or supervision requirements are met. (§245C.13, Subd. 2 amended by the 2026 session.) **§245C.13, Subd. 2**
Vulnerable adult	An adult who, because of where they live, the services they receive, or their impairments, gets special legal protection.	Any person 18 or older who: (1) is a resident or inpatient of a facility; (2) receives services licensed under ch. 245A; (3) receives licensed home care; or (4) has an impairment that impairs their ability to protect themselves. Everyone served by a 245D program qualifies. **§626.5572, Subd. 21**
Working day	Monday through Friday, excluding legal holidays — the clock most 245D deadlines run on.	Monday, Tuesday, Wednesday, Thursday, or Friday, excluding any legal holiday. **§245D.02, Subd. 37**